Discrimination of lesbian, gay, bisexual and transgender people by health care workers: A call to action

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Introduction

Being gay, lesbian, bisexual or transgender (LGBT) is not genetically or biologically hazardous, but societal homophobia confers risk factors for LGBT people's well-being.

Homophobia, the irrational fear and hatred of people who are attracted to the same sex, leads to social exclusion, experiences of discrimination and stigma, and in the worst case violence directed against people whose real or perceived sexual orientation does not fit the narrowly defined heterosexual norms (Herek 2004). For example, in Southern Africa sexual violence against lesbian women, often motivated by homophobia, places them at an increased risk for HIV infection (Sandfort 2013).

Heteronormativity invisibilises LGBT people, whose lived realities are not recognised in mainstream narratives, and as a consequence, LGBT patients either hide part of their identity from their health care workers, or have to educate their health care workers about their sexual orientation or gender identity (Wilton 2000).

Health care workers are not immune to prejudice and many LGBT patients experience homophobia in the health system. Negative experiences with health care workers contribute to the erosion of a sense of safety in the health care system, and as a consequence, LGBT people avoid seeking care (Brotman et al. 2002).

Recent years have brought a shift to include LGBT health into South African health care policy recommendations. For example, transgender persons are identified as one of the most-at-risk populations in the 2012–2016 National Strategic Plan for HIV, STIs and TB. Furthermore, the first South African National Health Assembly, held in Cape Town in June 2012, calls for 'appropriate non-judgmental care for marginalised vulnerable groups such as […] LGBT persons'.

The study presented here examines the experiences of LGBT people in SA public sector health facilities, in order to identify shortcomings in health care worker education and inform revisions in the medical curriculum.

Methodology

This study is an ongoing study in three South African provinces: the Western Cape, Gauteng, and Kwa-Zulu Natal.

Through semi-structured interviews and focus group discussions, we elicit the experiences of LGBT health care service users. Representatives from organisations providing support to LGBT people were interviewed to complement the individual narratives. An emphasis was placed on exploring the experiences of LGBT service users, because so far, LGBT people have been overlooked in research activities, and, more importantly, often bear the brunt of multiple discriminations and prejudice by health care workers.

All interviews were transcribed, and analysed with an approach to develop theory. Firstly, all interviews were read to identify key themes around which data were structured. Subsequently, data were coded to develop theoretical concepts from the recurrent themes.

The study was approved by the University of Cape Town's Health Sciences Research Ethics Committee.

Results *"Hospitals are the worst places, especially for LGBT people"*

To date, 12 individual service user interviews and 2 focus group discussions with 14 service users were conducted. For a broader perspective, 9 interviews with representatives of LGBT service organisations have been completed.

All but one interviewee reported experiences of discrimination by health care workers based on their sexual orientation. Nurses were usually perceived to be more homophobic than doctors. Discrimination took various forms, and was based on either homophobia or heteronormativity.

Homophobia: the irrational fear and hatred of LGBT people

[The nurse said] 'No, no, go somewhere else, this is not the place for you' (Respondent from GT)

The nurse told me: 'She [her colleague] will not be able to handle this case' (Respondent from GT)

Refusal of care

[The nurse] is like 'The reason why you [attempted suicide] is because you are having relationships with men and that is not right. So it's the evil spirit that is making you do all the things that you are doing' (Respondent from GT)

The psychologist read me some scriptures from the bible; and she told me 'you know what just pray' (Respondent from GT)

Judgment and forced religious practices

The first thing they think when they see me [being butch is that] I'm trying to be a man. […] Especially male doctors, when you come in sick […] they've told me on several occasions to take off my pants and they would stick their hands in my VJJ [vagina] like it was something that belonged [to them]. […] I have headaches on a daily basis, what does my VJJ got to do with it? (Respondent from GT)

Sexual harassment

The first day that I walked in they [the nurses] yelled at each other; they called us funny names and everybody was looking at us. (GT focus group)

Whenever they see me it's like they [health care workers] have a caucus meeting […] talking about me. You know you can feel that this space is not for you. (Respondent from GT)

Ridicule or humiliation

Heteronormativity: the invisibility of LGBT people

The challenge that people face is […] having to explain who they are […] and go through very common myths and preconceptions[…] Which is difficult because you go there and you want to seek care, and instead […] you are explaining very basic things to them and you are thinking 'But why weren't you taught this in med school?' (Respondent from GT)

Lack of knowledge about LGBT identity

I feel everything is irrelevant to us, even the paper work is irrelevant […] I feel as if these people they were really not taken to any training. (WC focus group)

To them it's only the straight people that can get HIV […] because straight people they are usually the ones that are sleeping with men. (WC focus group)

Lack of knowledge about LGBT health

You [a lesbian] go for [HIV] testing; as you sit there 'do you sleep with a man?' – 'No'. There should be another maybe questionnaire. (WC focus group)

You would not even find a small poster on the wall that says 'We give such and such treatment to the LGBT community' (GT focus group)

Lack of LGBT health services and information

Conclusions

Many health care workers' attitudes towards LGBT patients are completely unprofessional and violate the ethical duty of care. The harassment of LGBT people has previously been described for men who have sex with men utilising health facilities in Soweto (Lane 2011). Our results confirm that LGBT people face constant discrimination by health care workers.

As a result of health care workers' heteronormative training and mindset, LGBT people do not receive appropriate health promotion and prevention information. None of our respondents had received safer sex information or barrier methods that were relevant to his or her sexuality. Given that in South Africa, the HIV prevalence among LGBT people is often higher than in the general population (Lane 2011), this lack of knowledge is indefensible.

There is an urgent need to challenge these attitudes and educate health care workers about LGBT health.

Recommendations

- ✓ Educate LGBT-affirming health care workers. In nursing colleges and medical schools, introduce sexuality through a critical framework that interrogates societal norms and prejudices
- ✓ Teach health care workers about LGBT health, through Continuous Medical Education courses and in-facility training, as well as revised medical and nursing school curricula
- ✓ Provide LGBT sensitisation training for all staff at health facilities, including admin and security staff
- ✓ Distribute health prevention messages that are LGBT-inclusive, for example for HIV and STIs
- ✓ Provide safer sex resources for LGBT people, for example dental dams and lubricants
- ✓ Partner with local LGBT organisations in these endeavours

Literature cited

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